JUDICIAL SPI CAMPAIGN F	<u> 10 </u>		RM JSPAC SHEET PG 1			
The JSPAC INSTRUCTION complete this form.	GUIDE explains how to		1 ACCOUNT # (Ethics Commission 00041401	filers)	2 PAGE # 1 of 20	
3 COMMITTEE NAME The Friends of Darlen	e Byrne 2000				OFFICE Date Received	USE ONLY TO
4 COMMITTEE ADDRESS Change of Address	98 San Jacinto Suite 2000 Austin, TX 78701	TE#: (CITY: STATE:	ZIP CODE	Date Hand-de:ivered	18 ROPE TE
5 CAMPAIGN TREASURER NAME	Attorney Step	Pirst Dhen AST	MI SUF	·F _i X	Receipt # Date Processed Date Imaged	Amount
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLE 808 Nueces Austin, TX 78701	ASE): APT/SUIT	E#: CITY;	STATE;	ZIP C	ODE
7 CAMPAIGN TREASURER'S MAILING ADDRESS Change of Address	STREET OR POBOX; 808 Nueces Austin, TX 78701	APT / SU	ITE #: CITY;	STATE:	ZIP C	ODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NO (512) 478-4995	JMBER	EXTENSI	ON		
9 REPORT TYPE	X January 15 July 15		30th day before election 8th day before election Runoff	1	Exceeded \$! Dissolution (10th day after treasurer ter	attach JSPAC-DR) er campaign
10 PERIOD COVERED	Month Day 07/01/200	Year 6	THROUGH		Month Day	Year
11 ELECTION	ELECTION DATE Month Day Year 11/01/2008	ELECTION Prima		ı 🔀	General	Special
		GO ТО	PAGE 2			

Texas Ethics Commission	P.O. Box 120	70 Austin, Texas 78711-2070	(512)	463-5800	1-800-325-8506
JUDICIAL SP REPORT: PU		RPOSE COMMITTEE FOTALS	C		SHEET PG 2
12 COMMITTEE The	e Friends of Darle	ene Byrne 2000	ACC 0004		(Ethics Commission filers)
13 COMMITTEE PURPOSE (Attach list on plain paper to complete this report if necessary.)	CANDIDATE	CANDIDATE / OFFICEHOLDER NAME Darlene Byrne			
SUPPORT		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)			
OPPOSE ASSIST (officeholders only)	☑ OFFICEHOLDER	126th District Judge	;		
14 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN IS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$	0.00
•		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	ED ;	\$	448.94
	4. TOTAL F	POLITICAL EXPENDITURES		\$	5,341.91
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTA NED AS OF THE LAST DA	AY	\$	63,867.66
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LY OF THE REPORTING PERIOD	E	\$	0.00
Sworn to and subscrib		Signature of	es all informa ode. Campaign T	tion requir	
Signature of officer adm	inistering oath	Susan P. Woodrow Print name of officer administering oath	Notary Title of of		(C

Texas Ethics Com	mission P.O.Box 12070	Austin, Texas	78711-2070	(512)46	3-5800	1-800-325-
POLITI	CAL EXPENDIT	URES			S	CHEDULE F
The Instruction	on Guide explains how to comp	plete this form.		1 PAGE# Schedule: 1/1	7 Repo	rt: 3/20
2 FILER NAME	The Friends of Darlene By	rne 2000		3 ACCOUNT # 00041401		ommission filers)
4 Date	5 Payee name Austin American States	man		L	7	Amount (\$)
08/09/2006 6 Payee address; City; State; Zip Code \$125.00 P.O. Box 670 Austin, TX 78767						
8 Purpose of pa (See instruction Contribution	yment ons regarding type of information	required.)	9 · · Complete if direc Candidate / Officeho		efit Candi	date/Officeholder
☐ Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:			
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	I was made (attach addit	ional pages if neces	sary)	
		T				
11 Departure city	/ location	12 Departure date	13 Destination city / I	ocation		14 Arrival date
15 Means of trans	portation	<u></u>	16 Purpose of travel	;		
4 Date	5 Payee name Cutter Bayhouse		<u></u>		7	Amount (\$)
08/09/2006	6 Payee address; C 2001 Western Ave Seattle, WA 78121	City; State; Zip Code		······································		\$84.3
8 Purpose of par (See instruction Meals at sen	ns regarding type of information	required.)	9 · · Complete if direc Candidate / Officeho	t expenditure to ben lder name:	efit Candi	date/Officeholder
Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:			
10 Name of person	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addit	ional pages if neces	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	sportation	<u> </u>	16 Purpose of travel			
			L			187-7

Austin, Texas 78711-2070

1-800-325-8506 **POLITICAL EXPENDITURES** SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 2/17 Report: 4/20 2 FILER NAME The Friends of Darlene Byrne 2000 3 ACCOUNT # (Ethics Commission filers) 00041401 Date Payee name Amount **Durbin & Bennett** (\$) 07/14/2006 \$50.00 6 Payee address; City: State; Zip Code 100 Congress Avenue Suite 1600 Austin, TX 78701 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Professional services Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 15 Means of transportation 16 Purpose of travel 5 Pavee name 17

7	Date	Durbin & Bennett		(S)
(09/05/2006	6 Payee address; City; State; Zip Code 100 Congress Avenue Suite 1600 Austin, TX 78701	······································	\$150.00
8	Purpose of par (See instruction Professional	ns regarding type of information required.)	9 · · Complete if direct expenditure to bene Candidate / Officeholder name:	efit Candidate/Officeholder **

Office sought: Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

Payment for travel outside Texas (complete boxes 10-16)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	<u> </u>

SCHEDIII E F

POLITI		OKES				CHEDOLE I
The Instruction	אס Guide explains how to comp	olete this form.		1 PAGE # Schedule: 3/1	7 Repo	ort: 5/20
2 FILER NAME	The Friends of Darlene By	rne 2000		3 ACCOUNT# 00041401	(Ethics C	Commission filers)
4 Date	5 Payee name Ed Shack				7 Amount (\$)	
09/05/2006 6 Payee address; City; State; Zip Code 814 San Jacinto Blvd Austin, TX 78701						\$180.00
Purpose of payment (See instructions regarding type of information required.) Legal fees			9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · · Candidate / Officeholder name:			
			Office sought:			
	or travel outside Texas (complete	•	Office held:			
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city / location			14 Arrival date
15 Means of trans	portation		16 Purpose of travel	1		<u> </u>
4 Date	5 Payee name Enterprise Rent-a-Car				7	Amount (\$)
09/05/2006		City; State; Zip Code	••••••			\$112.00
8 Purpose of par (See instruction (See travel in	ns regarding type of information	required.)	9 ** Complete if direc Candidate / Officeho	t expenditure to bene lder name:	efit Cand	lidate/Officeholder **
			Office sought:			
	or travel outside Texas (complete		Office held:			
10 Name of perso Byrne, Darler	n(s) traveling on whose behalf the ne (Ms.)	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	
11 Departure city Milwaukee, V		12 Departure date 07/16/2006	13 Destination city / Milwaukee, WI	location		14 Arrival date 07/16/2006
15 Means of trans Car	portation		16 Purpose of travel Seminar			<u> </u>

POLITI	CAL EXPENDIT				\$	SCHEDULE F	
The Instruction	อง Guide explains how to comp	lete this form.		1	PAGE # Schedule: 4/	17 Rep	oort: 6/20
2 FILER NAME	The Friends of Darlene By	rne 2000		3	ACCOUNT # 00041401	(Ethics	Commission filers)
4 Date	5 Payee name Etta's Seafood Restaura	ant		<u>. </u>		7	Amount (\$)
08/09/2006		City; State; Zip Code				;]	\$120.21
8 Purpose of pay (See instruction Meals at sem	ns regarding type of information	required.)	9 ** Complete if direc Candidate / Officeho			refit Can	didate/Officeholder **
☐ Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:				
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	iona	pages if nece	ssary)	** `
11 Departure city	/ location	12 Departure date	13 Destination city / I	local	ion		14 Arrival date
15 Means of trans	portation		16 Purpose of travel				1
4 Date	5 Payee name Hispanic Bar Association	n-Austin				7	Amount (\$)
09/17/2006	6 Payee address; C P.O. Box 12692 Austin, TX 78711	City; State; Zip Code					\$100.00
8 Purpose of pay (See instruction Sponsorship	ns regarding type of information	required.)	9 ** Complete if direc Candidate / Officeho			nefit Can	didate/Officeholder **
□ Rayment fo	or travel outside Texas (complete	havar 10 16)	Office sought: Office held:				
	n(s) traveling on whose behalf th			iona	pages if nece	ssary)	
11 Departure city	/ location	12 Departure date	13 Destination city / I	local	ion		14 Arrival date
15 Means of trans	portation	<u> </u>	16 Purpose of travel				.l
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POLITI	POLITICAL EXPENDITURES				S	CHEDULE F
The Instruction	ON GUIDE explains how to comp	olete this form.		1 PAGE # Schedule: 5/1	7 Repo	ort: 7/20
2 FILER NAME	The Friends of Darlene By	rne 2000		3 ACCOUNT# 00041401	(Ethics C	ommission filers)
4 Date	5 Payee name Hyatt Hotels			<u> </u>	7	Amount (S)
09/05/2006 6 Payee address; City; State; Zip Code 333 W. Kilbourn Ave. Milwaukee, WI 53203				į	\$440.62	
8 Purpose of payment (See instructions regarding type of information required.) Lodging for seminar 9 ** Complete if direct expenditure to beneficate and other complete in the complete if direct expenditure to beneficate and other complete in the complete in the complete if direct expenditure to beneficate and other complete in the comple				efit Cand	idate/Officeholder	
			Office sought: Office held:			
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	ary)	
11 Departure city	/ location	12 Departure date	13 Destination city / I	ocation		14 Arrival date
15 Means of trans	sportation		16 Purpose of travel			L -, -
4 Date	5 Payee name Kocurek, Julie (Hon.)				7	Amount (S)
09/05/2006	6 Payee address; C Travis County Courthou P.O. Box 1748 Austin, TX 78767	city: State; Zip Code se				\$65.00
	yment ins regarding type of information event for Judge Wisser	required.)	9 · · Complete if direc Candidate / Officehol		Iefit Cand	idate/Officeholder
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought:			
	n(s) traveling on whose behalf th		was made (attach addit	ional pages if necess	ary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	sportation	I	16 Purpose of travel			<u> </u>
_			1	 -		

Texas Ethics Com	mission P.O.Box 12070	O Austin, Texas	78711-2070	(512)46	3-5800	1-800-325-850
POLITI	CAL EXPENDIT	URES			S	CHEDULE F
The Instruction	אס Guide explains how to comp	plete this form.		1 PAGE # Schedule: 6/1	7 Repo	rt: 8/20
2 FILER NAME	The Friends of Darlene By	rne 2000		3 ACCOUNT# 00041401	(Ethics C	ornmission filers)
4 Date	5 Payee name Mayflower Hotel			1	7	Amount (\$)
08/09/2006	6 Payee address; C 405 Olive Way Seattle, WA 98101	City; State; Zip Code				\$780.30
8 Purpose of par (See instruction Lodging for s	ns regarding type of information	required.)	9 ** Complete if direc Candidate / Officeho		L_ efit Candi	date/Officeholder **
			Office sought:			
	or travel outside Texas (complete		Office held:			
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	portation	L	16 Purpose of travel	1		<u> </u>
4 Date	5 Payee name National Association of	Drug Court Professio	nals		7	Amount (\$)
08/09/2006	6 Payee address: C 4900 Seminary Road Ste 320 Alexandria, VA 22311	City; State; Zip Code				\$525.00
8 Purpose of par (See instruction Seminar fee	yment ins regarding type of information	required.)	9 · · Complete if direct Candidate / Officeho		efit Candi	date/Officeholder **
			Office sought:			
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:			
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	sportation	<u> </u>	16 Purpose of travel			
		.	<u> </u>			-

SCHEDULE F

			-10-		
The Instruction Guide explains how to	complete this form.		1 PAGE # Schedule: 7/17	7 Repo	rt: 9/20
2 FILER NAME The Friends of Darle	ne Byrne 2000		3 ACCOUNT # 00041401	(Ethics Co	ommission fi'ers)
4 Date 5 Payee name Northwest Airlines	<u> </u>			7	Amount (\$)
07/13/2006 6 Payee address; 5151 Northwest D St. Paul, MN 551					\$435.70
Purpose of payment (See instructions regarding type of information (See travel info)	nation required.)	9 · · Complete if direc Candidate / Officeho		fit Candi	date/Officeholder **
X Payment for travel outside Texas (co	malata bayas 10 16)	Office sought: Office held:			
10 Name of person(s) traveling on whose be	<u> </u>	<u> </u>	tional pages if necess	arv)	
Byrne, Darlene (Ms.)			nona, pagos a necoso	ω. , , ,	
11 Departure city / location Austin, Texas	12 Departure date 07/14/2006	· · · · · · · · · · · · · · · · · · ·			14 Arrival date 07/14/2006
15 Means of transportation Airline	•	16 Purpose of travel Seminar	:		
4 Date 5 Payee name Ozarka				7	Amount (\$)
07/14/2006 6 Payee address; P.O. Box 52214 Phoenix, AZ 850	City; State; Zip Code				\$33.77
Purpose of payment (See instructions regarding type of information of the supplies)	nation required.)	9 · · Complete if direct Candidate / Officeho		fit Candi	date/Officeholder **
		Office sought:			
Payment for travel outside Texas (co	mplete boxes 10-16)	Office held:			
10 Name of person(s) traveling on whose be	ehalf the expenditure for travel	was made (attach addi	tional pages if necess	ary)	
11 Departure city / location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation		16 Purpose of travel		1	
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POLITI	POLITICAL EXPENDITURES				SCHED	ULE F
The Instruction	อง Guide explains how to comp	olete this form.		1 PAGE # Schedule: 8/1	7 Report: 10/20)
2 FILER NAME	The Friends of Darlene By	rne 2000		3 ACCOUNT# 00041401	(Ethics Commission	n filers)
4 Date	5 Payee name Ozarka				7 Amo	
07/27/2006 6 Payee address: City; State; Zip Code P.O. Box 52214 Phoenix, AZ 85072					\$44.75	
8 Purpose of pay (See instruction Jury room su	ns regarding type of information	required.)	9 ** Complete if direc Candidate / Officeho		efit Candidate/Offi	ceholder **
			Office sought:			
	or travel outside Texas (complete n(s) traveling on whose behalf th		ional pages if necess	ary)		
	•			· -	-	
11 Departure city	/ location	12 Departure date	13 Destination city / I	ocation	14 Arri	val date
15 Means of trans	portation		16 Purpose of travel	<i>i</i>		
4 Date	5 Payee name Ozarka				7 Amo	
09/05/2006	6 Payee address; C P.O. Box 52214 Phoenix, AZ 85072	City: State; Zip Code				\$45.77
8 Purpose of pay (See instruction Jury room su	ns regarding type of information	required.)	9 * Complete if direc Candidate / Officehol		l fit Candidate/Offi	ceholder **
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:			
	n(s) traveling on whose behalf th		was made (attach addit	ional pages if necess	ary)	
11 Departure city	/ location	12 Departure date	13 Destination city / I	ocation	14 Arri	val date
15 Means of trans	portation	<u> </u>	16 Purpose of travel		***	
			L.,,			

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The Instruction Guide	explains how to comp	lete this form.			PAGE Sched		7 Repo	ort: 11/20
2 FILER NAME The	Friends of Darlene Byr	ne 2000			ACCO		(Ethics C	commission filers)
	ayee name zarka			·			7	Amount (\$)
P.		ity; State; Zip Code	,					\$28.28
8 Purpose of payment (See instructions regal Jury room supplies	rding type of information i	required.)	9 ** Complete if direct Candidate / Officehol			e to bene	efit Cand	idate/Officeholder **
			Office sought:					
Payment for travel	outside Texas (complete	boxes 10-16)	Office held:					
10 Name of person(s) trav	veling on whose behalf the	e expenditure for travel	was made (attach additi	ional	pages	if necess	sary)	
11 Departure city / location	n	12 Departure date	13 Destination city / l	location	on			14 Arrival date
15 Means of transportation	n		16 Purpose of travel			1		l
	ayee name zarka						7	Amount
10/26/2006 6 Pa		ity; State; Zip Code						(\$) \$67.04
8 Purpose of payment (See instructions regard Jury room supplies	rding type of information i	required.)	9 * Complete if direct Candidate / Officehol			e to ben	efit Cand	idate/Officeholder **
Payment for travel	outside Texas (complete	boxes 10-16)	Office sought: Office held:					
10 Name of person(s) trav	veling on whose behalf the	e expenditure for travel	was made (attach additi	ional	pages	if neces	sary)	
11 Departure city / locatio	n	12 Departure date	13 Destination city / I	locati	on			14 Arrival date
15 Means of transportatio	n		16 Purpose of travel					<u> </u>

Texas Ethics Com	exas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070			(512)463	3-5800	1-800-325-8506
POLITI	CAL EXPENDIT	URES			S	CHEDULE F
The Instruction	N Guide explains how to comp	plete this form.	<u> </u>	1 PAGE # Schedule: 11/	17 Rep	port: 13/20
2 FILER NAME	The Friends of Darlene By	rne 2000		3 ACCOUNT# 00041401	(Ethics C	ommission filers)
4 Date	5 Payee name Parking Express				7	Amount (S)
09/05/2006		City; State; Zip Code		•••••		\$95.04
8 Purpose of pay (See instruction Parking	ment ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officeho		efit Cand	idate/Officeholder **
☐ Payment fo	r travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:			
10 Name of persor	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addit	ional pages if necess	sary)	
11 Departure city /	location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transp	portation		16 Purpose of travel			
4 Date	5 Payee name Parking Express		<u></u> -	<u></u>	7	Amount (\$)
11/12/2006		City; State; Zip Code				\$16.00
8 Purpose of pay (See instruction Parking	rment ns regarding type of information	required.)	9 ** Complete if direc Candidate / Officeho		I efit Cand	idate/Officeholder **
☐ Payment fo	r travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:			
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	tional pages if necess	ary)	
11 Departure city /	location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	portation		16 Purpose of travel			
			<u> </u>	······································		

Texas Ethics Commission P.O.Box 1207	0 Austin, Texas	78711-2070	(512)46	3-5800	1-800-325-8506
POLITICAL EXPENDIT	TURES			S	CHEDULE F
The Instruction Guide explains how to com	olete this form.		1 PAGE # Schedule: 12/	17 Rep	ort: 14/20
2 FILER NAME The Friends of Darlene By	rne 2000		3 ACCOUNT# 00041401	(Ethics C	ornmission filers)
4 Date 5 Payee name Ranch 616			L	7	Amount (\$)
10/09/2006 6 Payee address: 616 Nueces St. Austin, TN 78701	City; State; Zip Code				\$37.43
Purpose of payment (See instructions regarding type of information Lunch meeting	required.)	9 ** Complete if direc Candidate / Officeho		efit Candi	date/Officeholder **
Payment for travel outside Texas (complet	e boxes 10-16)	Office sought: Office held:			
10 Name of person(s) traveling on whose behalf the		was made (attach addit	ional pages if necess	sary)	
·			_		
11 Departure city / location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of transportation		16 Purpose of travel	- ;		
4 Date 5 Payee name Ranch 616				7	Amount (\$)
12/04/2006 6 Payee address; 616 Nueces St. Austin, TN 78701	City: State: Zip Code				\$21.33
Purpose of payment (See instructions regarding type of information Staff lunch	required.)	9 ** Complete if direct Candidate / Officeho		efit Cand	idate/Officeholder
☐ Payment for travel outside Texas (complet	e boxes 10-16)	Office sought: Office held:			
10 Name of person(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addit	ional pages if necess	sary)	············
11 Departure city / location	12 Departure date	13 Destination city /	location	:	14 Arrival date
15 Means of transportation	1	16 Purpose of travel	-		
		1	.		

POLITI	CAL EXPENDIT	URES			S	CHEDULE F	
The Instruction	ON GUIDE explains how to comp	olete this form.		1 PAGE # Schedule: 13	3/17 Report: 15/20		
2 FILER NAME	The Friends of Darlene By	rne 2000	· · · · ·	3 ACCOUNT# 00041401	(Ethics C	ommission filers)	
4 Date	5 Payee name Randalls			L	7	Amount (\$)	
07/13/2006		City; State; Zip Code				\$145.88	
8 Purpose of pa (See instruction Luncheon su	ns regarding type of information	required.)	9 ** Complete if direc Candidate / Officeho		efit Cand	idate/Officeholder **	
☐ Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:				
10 Name of perso	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addit	ional pages if neces	sary)		
11 Departure city	/ location	12 Departure date	13 Destination city /	_	14 Arrival date		
15 Means of trans	sportation		16 Purpose of travel				
4 Date	5 Payee name Randalls				7	Amount (\$)	
08/09/2006		City; State; Zip Code				\$15.20	
8 Purpose of pa (See instruction Supplies	I	required.)	9 ** Complete if direc Candidate / Officeho		efit Cand	idate/Officeholder	
☐ Payment fi	or travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:				
10 Name of perso	nn(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addit	ional pages if neces	sary)		
11 Departure city	/ location	12 Departure date	13 Destination city / 1	location		14 Arrival date	
15 Means of trans	sportation	<u> </u>	16 Purpose of travel		_	<u> </u>	
			<u> </u>	<u> </u>			

Texas Ethics Con	nmission P.O.Box 1207	Austin, Texas	78711-2070	(512)46	3-5800	1-800-325-850
POLITI	CAL EXPENDIT	URES			s	CHEDULE F
The Instruction	on Gui⊅∈ explains how to comp	plete this form.		1 PAGE # Schedule: 14	/17 Rep	port: 16/20
2 FILER NAMÉ	The Friends of Darlene By	rne 2000		3 ACCOUNT # 00041401	(Etnics C	commission filers)
4 Date	5 Payee name Randalls				7	Amount (\$)
09/05/2006	6 Payee address; C 3300 Bee Caves Road Austin, TX 78746	City; State; Zip Code				\$34.06
8 Purpose of pa (See instruction Supplies	yment ons regarding type of information	required.)	9 · · Complete if direc Candidate / Officeho		efit Cand	idate/Officeholder
☐ Payment fo	or travel outside Texas (complete	hoxes 10-16)	Office sought: Office held:			
	on(s) traveling on whose behalf the		was made (attach addit	ional pages if neces	sarv)	
			,	, 5	,,	
11 Departure city	/ location	12 Departure date	13 Destination city /	ocation		14 Arrival date
15 Means of trans	sportation	l	16 Purpose of travel	j		
4 Date	5 Payee name Randalls				7	Amount (\$)
10/09/2006	6 Payee address; C 3300 Bee Caves Road Austin, TX 78746	City; State: Zip Code		······································		\$10.08
8 Purpose of pa (See instruction Supplies	yment ons regarding type of information	required.)	9 · · Complete if direct Candidate / Officeho		efit Cand	idate/Officeholder **
☐ Payment f	or travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:			
10 Name of perso	on(s) traveling on whose behalf the	ne expenditure for travel	was made (attach addit	ional pages if neces	sary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	sportation		16 Purpose of travel			

POLITI	CAL EXPENDIT	· · · · · · · · · · · · · · · · · · ·	70/11-20/0		(312)40	s-5800	CHEDULE F
The Instruction	אס Guide explains how to comp	elete this form.		1	PAGE # Schedule: 15	/17 Re	port: 17/20
2 FILER NAME	The Friends of Darlene By	rne 2000		3	ACCOUNT# 00041401	(Ethics (Commission filers)
4 Date	5 Payee name Red Lobster					7	Amount (\$)
08/09/2006	6 Payee address; C 3815 S. Lamar Blvd Austin, TX 78704	City; ,State; Zip Code					\$68.92
8 Purpose of pay (See instruction Staff lunch	/ment ns regarding type of information	required.)	9 ** Complete if direc Candidate / Officeho			efit Cano	didate/Officeholder **
			Office sought:				
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:				
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	iona	l pages if neces	ssary)	
11 Departure city /	location	12 Departure date	13 Destination city /	local	tion		14 Arrival date
15 Means of trans	portation		16 Purpose of travel	-	;		
4 Date	5 Payee name Renaissance Glass					7	Amount (\$)
08/09/2006	6 Payee address; C 5200 Burnet Road Austin, TX 78756	City; State; Zip Code					\$63.09
1	Austin, 17 70750						
8 Purpose of pay (See instruction Employee gif	ns regarding type of information	required.)	9 · · Complete if direc Candidate / Officeho			nefit Cano	didate/Officeholder •••
			Office sought:				
☐ Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office held:				
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	tiona	I pages if neces	ssary)	
11 Departure city	location	12 Departure date	13 Destination city /	loca	tion		14 Arrival date
15 Means of trans	portation	<u> </u>	16 Purpose of travel				1
			1				

SCHEDULE F

The Instruction Guide explains how to comp	lete this form.	1 PAGE # Schedule: 16/			6/17 Re	/17 Report: 18/20		
2 FILER NAME The Friends of Darlene By	rne 2000					JNT# 1401	(Ethics	Commission filers)
4 Date 5 Payee name Southwest Airlines			I <u>,</u>				7	Amount (\$)
07/13/2006 6 Payee address; C 2702 Love Field Dr. Dallas, TX 75235	ity; State; Zip Code		• • • •	•••				\$645.20
Purpose of payment (See instructions regarding type of information (See travel info)	required.)	9 · · Complete if direct Candidate / Officehol				e to bei	nefit Can	didate/Officeholder **
X Payment for travel outside Texas (complete	hoves 10-16)	Office sought: Office held:						
10 Name of person(s) traveling on whose behalf th			ional	l pa	ages	if nece:	ssary)	
Byrne, Darlene (Ms.)								
11 Departure city / location Austin, Texas	12 Departure dafe 06/21/2006	13 Destination city / location Seattle, Washington				14 Arrival date 06/21/2006		
15 Means of transportation Airline		16 Purpose of travel Seminar				:		•
4 Date 5 Payee name Southwest Airlines				_			7	Amount (\$)
10/09/2006 6 Payee address; C 2702 Love Field Dr. Dalias, TX 75235	ity: State; Zip Code							\$114.10
Purpose of payment (See instructions regarding type of information (See travel info)	required.)	9 · · Complete if direct Candidate / Officehol				e to be	nefit Can	didate/Officeholder
D		Office sought:						
Payment for travel outside Texas (completeName of person(s) traveling on whose behalf th		Office held: was made (attach additi	ional	- I na	anes	if nece	ssarv)	
Byrne, Darlene (Ms.)		waa maaa (amaan aaam		. pc	,905		Juan,,	
11 Departure city / location Austin, Texas	12 Departure date 11/12/2006	13 Destination city / I Houston, Texas		tion		•		14 Arrival date 11/12/2006
15 Means of transportation Airline		16 Purpose of travel Seminar						,
		•			•			

POLITICAL	EXPENDIT	URES			s	CHEDULE F
The Instruction Guide	explains how to comp	lete this form.		1 PAGE# Schedule: 17/	/17 Rep	oort: 19/20
2 FILER NAME The F	riends of Darlene By	rne 2000		3 ACCOUNT# 00041401	(Ethics C	ommission filers)
4 Date 5 Pa	yee name nutas Italian Restaura	ant	· · · · · · · · · · · · · · · · · · ·	<u> </u>	7	Amount (\$)
29	yee address; C 195 S. Clement Ave. Iwaukee, WI 53207	ity; State; Zip Code				\$63.99
8 Purpose of payment (See instructions regar Meals for seminar	ding type of information	required.)	9 ** Complete if direc Candidate / Officehol	t expenditure to bender name:	efit Cand	idate/Officeholder **
			Office sought:			
Payment for travel	outside Texas (complete	boxes 10-16)	Office held:			
10 Name of person(s) trav	eling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	sary)	
11 Departure city / location	1	12 Departure date	13 Destination city / I	ocation	14 Arrival date	
15 Means of transportation	1		16 Purpose of travel	,		
4 Date 5 Pa	yee name Nunteer Legal Service	s			7	Amount (\$)
70 St	yee address; C 0 Lavaca Street uite 602 ustin, TX 78701			··············		\$100.00
8 Purpose of payment (See instructions regar Contribution	ding type of information	required.)	9 · · Complete if direct Candidate / Officehol		efit Cand	idate/Officeholder
			Office sought:			
Payment for travel	outside Texas (complete	boxes 10-16)	Office held:			
10 Name of person(s) trav	eling on whose behalf th	e expenditure for travel v	I was made (attach additi	onal pages if necess	sary)	
11 Departure city / location	1	12 Departure date	13 Destination city / I	ocation	,	14 Arrival date
15 Means of transportation			16 Purpose of travel			· · · · · · · · · · · · · · · · · · ·
		·	·			•

1-800-325-8506

CREDITS (optional)

SCHEDULE K

The Instructi	ON GUIDE explains how to complete this form.	1 PAGE # Schedule: 1/1	Report: 20/20
2 FILER NAME	The Friends of Darlene Byrne 2000	3 ACCOUNT# 00041401	(Ethics Commission filers)
4 Date	5 Payor name Texas Center for the Judiciary	•	8 Amount (\$)
07/12/2006	6 Payor address; City; State; Zip Code 1210 San Antonio Suite 800 Austin, TX 78701		\$1,476.1
	7 Reason for credit Reimbursement for seminar expenses		
Date	Payor name Texas Center for the Judiciary		Amount (\$)
08/22/2006	Payor address; City; State; Zip Code 1210 San Antonio Suite 800 Austin, TX 78701		\$1,112.3
	Reason for credit Reimbursement of seminar expenses		
Date	Payor name Travis County		Amount (\$)
07/28/2006	Payor address; City: State; Zip Code PO Box 1748 Austin, TX 78767		\$669.8
	Reason for credit Reimbursement of seminar expenses		
Date	Payor name Travis County		Amount (\$)
08/22/2006	Payor address; City: State; Zip Code PO Box 1748 Austin, TX 78767		\$70.6
	Reason for credit Reimbursement for seminar expenses		